

2 ADMINISTRATIVE SITES

A. General Description

Administrative sites are responsible for implementing the Montana Breast and Cervical Health Program (MBCHP) in a multi-county area. Together with enrolled medical service providers, administrative sites provide a comprehensive breast and cervical cancer screening program that serves women in the MBCHP target population (see Chapter 4, Part B). Of special concern within the target population are women in rural areas who, without the MBCHP, would not have convenient access to screening services.

Administrative sites are responsible for facilitating and coordinating all client services described in Chapter 4 of this manual, and for providing the following services:

- enroll and maintain a network of medical service providers
- provide screening support activities
- develop and maintain local coalitions and partnerships
- implement a multi-county public and professional education program
- report to and communicate with the MBCHP state office
- case management, including referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary
- collaborate with the subcontractors on behalf of MBCHP eligible women

Administrative sites are also responsible for screening support, eligibility and enrollment, 1:1 outreach, and education services are provided to the target population of American Indian women. Together with the subcontractors, local grassroots coalitions, and the statewide Montana American Indian Women's Health Coalition (MAIWHC), administrative sites enhance the American Indian Screening Initiative to increase the number of eligible MBCHP American Indian women seeking screening.

B. Enrolled Medical Service Provider Networks

Administrative sites will solicit and enroll in the MBCHP all interested medical service providers in their geographic areas.

1. Eligibility

The types of medical service providers eligible for enrollment are:

- any licensed qualified health department
- community health centers
- non-profit health centers
- other health care facilities, clinics and surgical facilities
- individual providers (physicians, surgeons, obstetric-gynecological specialists, cytologists and cytology laboratories, radiologists and radiology facilities, and mid-level providers)
- naturopathic physicians

To be eligible for enrollment, medical service providers must meet all the following criteria:

- be licensed in the state of Montana
- have the required insurance
- meet the certification requirements of the Health Care Financing Administration Clinical Laboratory Improvement Act of 1988 and the Food and Drug Administration's Mammography Quality Standards Act of 1992, if applicable to the services provided

2. Enrollment

Administrative sites will act as a liaison between the MBCHP and the enrolled medical service providers in their geographic areas. Administrative sites will be responsible for answering providers' questions about client and program issues. Administrative sites will conduct an orientation for enrolled medical service providers and submit a signed and completed Provider Enrollment Packet to the address noted on the Provider Enrollment Application.

Each enrolled medical service provider will be required to:

- a. complete and sign a Provider Enrollment Application (see Appendix J, "MBCHP Provider Enrollment Application").
- b. submit the necessary certificates and forms with the enrollment packet:
 - Certificate of Assurances: Non-Construction Programs (standard form 424BCRev 7-97)
 - Montana Department of Health and Human Services Certificate of Compliance
 - Disclosure of Lobbying Activities (if applicable)
 - W-9
- c. attend an orientation session provided through the MBCHP administrative site.
 - Orientation programs will be provided at the enrolled medical service provider's office whenever possible in order to facilitate participation by the enrolled medical service provider and their staff.

C. Screening Support Activities¹

Administrative sites must:

- a. provide the following screening support services to all MBCHP clients:
 - client intake and eligibility determination ♦
 - client referral to a list of enrolled medical service providers ♦
 - one-to-one client outreach and education ♦
 - client counseling related to screening, diagnostic, and treatment services ♦

¹ See Appendix B for a definition of screening activities.

- client tracking and follow-up of all test results including abnormal test results ♦
 - client transportation to appointments and/or facilities if needed ♦
- b. meet an annual screening and re-screening goal for all eligible women enrolled in the MBCHP. ♦
- c. ensure that at least 20 percent of MBCHP clients are women who, at the time of MBCHP enrollment, have never been screened or who have not had a Pap test within the past 5 years. ♦
- To assist in achieving this goal, the MBCHP state office will report to administrative sites, on a site-by-site and quarterly basis, the number and percent of MBCHP clients who (1) report no prior Pap test, (2) report no Pap test within 5 years of the initial screen, or (3) have provided no information regarding prior Pap tests. ♦
- d. ensure that not more than 25 percent of all MBCHP clients who have three consecutive normal Pap test results within a 5-year (60-month) period receive a fourth Pap test paid for by the MBCHP.
- To assist in achieving this goal, the MBCHP state office will report women who have had three consecutive, normal Pap tests within 60 months to administrative sites on a quarterly basis. ♦
- e. ensure that the MBCHP is the payer of last resort. Sites must refer women who are not eligible for the MBCHP to other privately or publicly funded programs and, if clients are 65 years of age or older, provide them with an explanation of Medicare coverage and encourage and assist with enrollment (see Chapter 4, Part A-3). ♦
- f. ensure that enrolled medical service providers follow:
- the Centers for Disease Control and Prevention (CDC) guidelines for comprehensive cancer screening.
 - the screening algorithms outlined in the MBCHP Policy and Procedure Manual (see Appendix F). ♦
- g. act as a liaison with enrolled medical service providers to ensure that referral, tracking and follow-up, and case management of all women is complete and that the screening guidelines are followed including referral to the MBCCTP if necessary (see Chapter 4 and Chapter 7). ♦
- h. maintain a tracking and follow-up system to ensure that clients are notified of all test results, obtain appropriate diagnostic tests and follow-up care, and receive reminders for annual and/or short-term follow-up rescreening. (See Chapter 6, Part B-5 for the CDC-required timeframes for follow-up of abnormal test results.) ♦

- i. maintain complete documentation of patient eligibility, screening, and follow-up services on the MBCHP data collection forms² (see Appendix Q). ♦

D. Local Coalitions and Partnerships

Administrative sites must:

- a. establish and maintain partnerships and working agreements with other health care service agencies in their geographic areas. ♦
- b. develop and maintain local coalitions, with representation from the private and public sector, to support the MBCHP. (Possible members could include: American Cancer Society, Young Women's Christian Association, American Association of Retired Persons, breast and cervical cancer survivors, local women's groups, MBCHP consumers, MAIWHC members, and community leaders.) ♦♦
- c. assist in seeking funding sources for clients who need additional diagnostic and treatment services that are not reimbursed by the MBCHP or MBCCTP. (MBCHP funding is limited to those services listed in Appendix H.) ♦
- d. document coalition meetings in the Quarterly Report (see Appendix K). ♦
- e. ask one coalition member from each multi-county area to serve on the statewide Comprehensive Cancer Coalition. ♦

E. Multi-County Public and Professional Education Programs³

Administrative sites must:

- a. work with established statewide partners, the MBCHP Health Educator, MBCHP American Indian Screening Coordinator, Montana American Indian Women's Health Coalition (MAIWHC), and the Montana Department of Health and Human Services (MDPHHS) to maintain a statewide public education and outreach program. ♦
- b. participate in the implementation of public and professional education activities, including client and provider assessments initiated by the MBCHP state office. ♦
- c. develop and implement a local public and professional education plan with assistance from the MBCHP state office. ♦

F. MBCHP Reporting and Communication

Administrative sites must:

- a. submit Quarterly Reports (see Appendix K) to the MBCHP state office by: October 10, January 10, April 10, and July 10. ♦

² See Appendix B for a definition of data collection forms.

³ See Chapter 5 for a description of public and professional education programs.

- b. submit clinical data to the MBCHP state office using MBCHP data collection forms (see Appendix Q), ensuring that the forms are complete and signed by the enrolled medical service provider. Fax these forms to the MBCHP state office at [1-877-764-7575] or sites local to Helena (406-444-7465). (Administrative sites will be reimbursed quarterly upon receipt of complete and accurate data collection forms.) ♦
- c. submit case management forms (as needed) to the state office (see Chapter 7, Part B-2). ♦
- d. participate in all program evaluation activities. ♦
- e. name an individual to be the liaison with the MBCHP state office and with enrolled medical service providers in the site's multi-county area. ♦
- f. provide documentation of matching funds on the Quarterly Report (appendix K). Matching funds include: donated rent, administrative or indirect charges, volunteer time, staff time, communication expenses, and computer access. Other non-federal funds that may be documented include: community funds, indigent funds, United Way contributions, local grants, treatment funds, or other non-federal funding available for breast and cervical cancer screening or health education. ♦

G. Record Maintenance

The administrative site is responsible for keeping a client file for every MBCHP client. The file must:

- a. include a signed and dated "Informed Consent and Authorization to Disclose Health Care Information" form and must be maintained in accordance with accepted medical standards. ♦
- b. contain MBCHP data collection forms that are signed and dated by the medical service provider, including their title. ♦
- c. contain documentation of all telephone conversations related to MBCHP services. ♦
- d. be comprehensive, concise, and systematically organized to facilitate retrieval and compilation of information. ♦
- e. be treated as confidential, secured by lock when not in use, and in all respects safeguarded against loss or use by unauthorized persons. ♦
- f. be made available to an MBCHP client upon written request by the client and within 24 to 48 hours of receiving the request. ♦

- g. be shared with the medical service provider who accepts a referral for additional diagnostic tests. ♦
- h. be made available to MBCHP staff requesting the file for quality assurance monitoring. ♦
- i. be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, if applicable. ♦

H. Record Retention

To comply with MBCHP record retention and audit requirements, administrative sites must:

- a. retain all client records, client refusals of service, and data collection forms for all MBCHP clients for a period of not less than 5 years from the date of the last entry made in the client record. ♦
- b. retain all financial records related to MBCHP services, supporting documents, and other pertinent records for a period of 3 years. ♦
- c. participate in reviews and audits of client files, which may be conducted at any reasonable time by state personnel or other persons authorized by the MDPHHS. These reviews may include: ♦
 - review of client records.
 - review of administrative site policy and procedural issues.
 - meetings with administrative site staff involved in the provision of services.